FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S12144** **(9)**

1. Corporate Name

MANATEE MARINE MANAGEMENT, INC.

Principal Place of Business	Mailing Address
1126 S FEDERAL HWY SUITE 405 FT LAUDERDALE FL 33316	1126 S FEDERAL HWY SUITE 405 FT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/13/1990**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21 / 22 / 23 / 24 / 25

2a. Mailing Address — 26 / 27 / 28 / 29 / 30

4. FEI Number: **65-0230667** — Applied For ☐ / Not Applicable ☐

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

TWADDLE, JAMES E.
1126 S FEDERAL HWY
SUITE 405
FT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0501(3) FOR Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505 Florida Statutes.

SIGNATURE

(If changing Registered Agent, Registered Agent must sign here after typing name.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (if any)	
01 Title	DP	01 Title	☐ Change ☐ Addition
02 Name	TWADDLE, JAMES E.	02 Name	
03 Street Address	1126 S FEDERAL HWY #405	03 Street Address	
04 City, St, Zip	FT LAUDERDALE FL	04 City, St, Zip	
05 Title	DS	05 Title	☐ Change ☐ Addition
06 Name	TWADDLE, HELENE L.	06 Name	
07 Street Address	1126 S FEDERAL HWY #405	07 Street Address	
08 City, St, Zip	FT LAUDERDALE FL	08 City, St, Zip	
09 Title		09 Title	☐ Change ☐ Addition
10 Name		10 Name	
11 Street Address		11 Street Address	
12 City, St, Zip		12 City, St, Zip	
13 Title		13 Title	☐ Change ☐ Addition
14 Name		14 Name	
15 Street Address		15 Street Address	
16 City, St, Zip		16 City, St, Zip	
17 Title		17 Title	☐ Change ☐ Addition
18 Name		18 Name	
19 Street Address		19 Street Address	
20 City, St, Zip		20 City, St, Zip	
21 Title		21 Title	☐ Change ☐ Addition
22 Name		22 Name	
23 Street Address		23 Street Address	
24 City, St, Zip		24 City, St, Zip	

14. I hereby certify that the information supplied with this report is complete, accurate and current. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: James E Twaddle James E Twaddle 5/1/95 407 842 0105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Telephone Number

Mime: 305 358 5732 wk

0224023 CP

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1995

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DIVISION OF CORPORATIONS

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AND
FILED

95 MAY 30 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S12189** **(4)**

1. Current Name
HEARTWOOD 90 INCORPORATED

Principal Place of Business
1750 E SUNRISE BLVD
FT LAUDERDALE FL 33304-3013

Mailing Address
1750 E SUNRISE BLVD
FT LAUDERDALE FL 33304-3013

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/13/1990**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # or PO — 22 / 27
City & State — 23 / 28
ZIP — 24 / County — 25 / ZIP — 29 / County — 30

4. FEI Number: **65-0229050** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has only the indebtedness under S. 607.0502 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CARVALHO, JEAN
1750 E SUNRISE BLVD
FT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (if changing the Registered Agent, Registered Agent must sign here) (if not changing the Registered Agent, an officer or director must sign here) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	D	1. TITLE	☐ Change ☐ Addition
1. NAME	LEVAN, ALAN B	1. NAME	
1. STREET ADDRESS	1750 E SUNRISE BLVD	1. STREET ADDRESS	
1. CITY-ST-ZIP	FT LAUDERDALE FL	1. CITY-ST-ZIP	
2. TITLE	V	2. TITLE	☐ Change ☐ Addition
2. NAME	ABER, WILLIAM L.	2. NAME	
2. STREET ADDRESS	1750 E SUNRISE BLVD	2. STREET ADDRESS	
2. CITY-ST-ZIP	FT LAUDERDALE FL	2. CITY-ST-ZIP	
3. TITLE	PD	3. TITLE	V/D ☒ Change ☐ Addition
3. NAME	GRIECO, FRANK, V	3. NAME	
3. STREET ADDRESS	1750 E SUNRISE BLVD	3. STREET ADDRESS	
3. CITY-ST-ZIP	FT LAUDERDALE FL	3. CITY-ST-ZIP	
4. TITLE	S	4. TITLE	☐ Change ☐ Addition
4. NAME	CARVALHO, JEAN	4. NAME	
4. STREET ADDRESS	1750 E SUNRISE BLVD	4. STREET ADDRESS	
4. CITY-ST-ZIP	FT LAUDERDALE FL	4. CITY-ST-ZIP	
5. TITLE	T	5. TITLE	☐ Change ☐ Addition
5. NAME	EANES, JASPER R.	5. NAME	
5. STREET ADDRESS	1750 E SUNRISE BLVD	5. STREET ADDRESS	
5. CITY-ST-ZIP	FT LAUDERDALE FL	5. CITY-ST-ZIP	
6. TITLE		6. TITLE	P ☐ Change ☒ Addition
6. NAME		6. NAME	ABDO, JOHN E.
6. STREET ADDRESS		6. STREET ADDRESS	1750 E. SUNRISE BLVD.
6. CITY-ST-ZIP		6. CITY-ST-ZIP	FT. LAUDERDALE, FL

14. To the best of my knowledge, the information supplied with this filing is substantially complete and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further, to the best of my knowledge, the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with an address.

SIGNATURE: Jean Carvalho — 5/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0212012 CP

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S12214** **(0)**

1. Corporation Name

INTERIOR DESIGNERS BLOOPERS, INC.

Principal Place of Business: 590 SW 9TH TERRACE, POMPANO BEACH FL 33069

Mailing Address: 590 SW 9TH TERRACE, POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/25/1990**
3a. Date of Last Report: **06/03/1994**
4. FEI Number: **59-3034200** — Applied For / Not Applicable
5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees
8. This corporation is ... Florida Statutes [X] Yes [ ] No

2. Principal Office of Business (21) / 2a. Mailing Address (26)
Suite, Apt. # etc. (22) / Suite, Apt. # etc. (27)
City & State (23) / City & State (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

BERNSTEIN, MICHAEL
1740 NW 107 WAY
PLANTATION FL 33322

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	**DP**
NAME	**BERNSTEIN, MICHAEL**
STREET ADDRESS	**1740 NW 107 WAY**
CITY-ST-ZIP	**PLANTATION FL**
TITLE	**DS**
NAME	**BERNSTEIN, MARYLYN**
STREET ADDRESS	**1740 NW 107 WAY**
CITY-ST-ZIP	**PLANTATION FL**
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marylyn Bernstein (MARYLYN BERNSTEIN) 5/17/95 305 782 7228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DT12120 CP